

WASHINGTON, D. C.

TRAVEL ORDER

Date _____

Name _____ Title _____

Official station _____ Office or branch _____

You are hereby authorized to travel in accordance with the Standardized Government Travel Regulations and _____
during the period and for the purpose indicated below:

From _____ to _____

Date effective _____ or as soon thereafter as practicable.

Terminating approximately _____

Purpose _____

Mode of travel authorized as indicated below:

- | | |
|--|--|
| <input type="checkbox"/> Common carrier. | <input type="checkbox"/> Government vehicle. |
| <input type="checkbox"/> Airplane { <input type="checkbox"/> Commercial.
<input type="checkbox"/> Military. | <input type="checkbox"/> Vessel { <input type="checkbox"/> Commercial.
<input type="checkbox"/> Military. |

Special authority:

The number and date of this order must be referred to on your voucher claiming reimbursement for the expenses incurred.

Appropriation limitation _____

Allotment Account No. _____
(Name)
(Title)

(1214)